## PART B -FEE(S) TRANSMITTAL

INSTRUCTIONS This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

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appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate FEE ADDRESS\* Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must

have its own certificate of mailing or transmission. Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

						(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE		FIRST NAM	MED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/582,316	02/20/2007		X	Kin Lu	31265/5868A	1608
TITLE OF INVENTION	: TUMOUR SUPI	PRESSOR PRO	TEIN			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	yes	\$755.00		\$300.00	\$1,055.00	08/10/2009
EXAMINER		ART UNIT		CLASS-SUBCLASS		
M. T. B. Davis		164	2	530-350000		
[Change of correspondence address or indication of "Fee dudress" (at 72 Eff. 13-63).  [Change of correspondence address for Change of Correspondence Address from PTO/SB122) attached.  [Fee Address' indication (or "Fee Address' Indication form FTO/SB1247, Rev 03-00 or more recent) attached. Use of a Customer Number is required.  ASSIGNEE NAME AND RESIDENCE DATA TO BET PRIL.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attoneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attoney or agent) and the names of up to 2 registered patent nationeys or agents If no name is listed, no name will be printed.			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  A) NAME OF ASSIGNEE  (B) RSIDENCE: CITY and STATE OR COUNTRY)  LUDWIG INSTITUTE FOR CANCER RESEARCH  Zurich, Switzerland						
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government						
a. The following fee(s) are enclosed:  4b. Payment of Fee(s):						
X Issue Fee A check in the amount of the fee(s) is enclosed.						
X         Publication Fee (No small entity discount permitted)         X         Payment by credit card.						
X   Advance Order # of Copies   3   X   The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number   13-2855						
Change in Entity Sta	tus (from status indicate	d above)				
a. Applicant clair	ns SMALL ENTITY sta	tus. See 37 CFF	t I.27.	b. Applicant is no longer	claiming SMALL ENTITY sta	tus. See 37 CFR 1 27(g)(2).
OTE: The Issue Fee and P	is requested to apply the I Aublication Fee (if require ords of the United States P	d) will not be ac	cepted from a	(if any) or to re-apply any prev anyone other than the applican	viously paid issue fee to the applicate, a registered attorney or agent;	cation identified above or the assignee or other party in
Authorized Signature Date 8-7-2009						

David A. Gass

Typed or printed name

Registration No.

38.153